



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 10.00

Date 7-13-2004  
CK 2017

Tract 1B

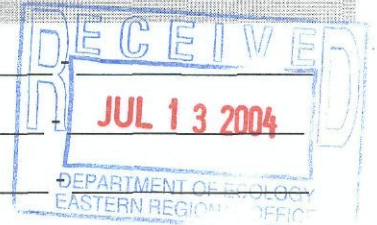
Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Jay H. Landveth Home Tel: (509) 276-7342  
Mailing Address P.O. Box 1169 Work Tel: (509) 276-7346  
City Tum Tum State WA Zip+4 99034 + 1169 FAX: (509) 276-1820

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_



Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 30 (X) gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)  
of ~~domestic use~~ ~~SEE EXHIBIT I~~ ATTACH A "LEGAL"  
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient. SEE EXHIBIT I  
Estimate a maximum annual quantity to be used in acre-feet per year: 6.15

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for 1 well(s). ONE		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): 260 Feet 62 inch CASING		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Southwest corner 2360 Feet North (1400 Feet) = well location for Tract 1B should be: N2750 E1470 Section 1 2460 Feet West East of it								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	NW	1	27N	40E	STEVENSON			
For Ecology Use Date Received: July 13, 2004 Priority Date: 7-13-2004								
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete July 16, 2004 By Kay Date Returned _____ By _____ WRIA: 54								

Appl. No.:

9330428

## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)  
2 hp power pump with 25 gal storage pressure tank
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection Home  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 2
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: 2
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
  - ‡ Acreage proposed to be irrigated under this application;
  - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:
- Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)
- Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Drive 2.9 miles pass Tum Tum on Hwy 29,  
toward the intersection of Hwy 29 and Hwy 23,  
near the 25 mile marker

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

SEE EXHIBIT H TRACT 1B

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

J. J. J. J. J.  
Applicant (or authorized representative)

8 July 04  
Date

Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).